CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Cossey

Died at: Town: Williston — County: Caroline

Date of death 1904: Month: Jan. — Day: 12

Age: Years: 72 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Md.

Married, Single or Widowed — Occupation: Housekeeper

Name of Wife or Husband:

Father's Name: Jacob Cossey — Father's Birthplace: Md.

Mother's Maiden Name: [illegible] — Mother's Birthplace: Md.

Name of person giving information: Ezra Downes — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Weakness of Heart — How long: One week

Immediate: Paralysis of Heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. DuBadway

Address: Tuckahoe Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catherine Daniels

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Templeville; County: Caroline

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: Jan Day: 23

Age: Years 27 Months Days

Sex: Female

Color or Race: Black

Birthplace: Caroline Co.

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Edward Daniels.

Father's Name: Jacob Howes

Father's Birthplace: Md. Co.

Mother's Maiden Name: Hannia Wilson

Mother's Birthplace: Caroline Co.

Name of person giving Information: Wm. H. Daniels

How related to deceased: Bro. in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute pneumonia Phthisis

How long: 2 months

Immediate: Failure & respiration

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. R. Carrow M.D.

Address: Templeville Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Anna Grace

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death: 1904; Month: 1; Day: 14; Age: Years: 27; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Denton

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Grace; Father's Birthplace: —

Mother's Maiden Name: Bell Grace; Mother's Birthplace: —

Name of person giving Information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 1 year

Immediate: Congestion; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. N. Nichols M.D.

Address: Denton

Accident or Suicide?

LIBRARY BUREAU A685016

Name in Full: Louis Marcus Greene

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death 1907: Month: Jan; Day: 22; Age: Years: 82; Months: 1; Days: 19

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Mechanic

Name of Wife or Husband: Ida V. Greene

Father's Name: Miles W. Greene; Father's Birthplace: Pa.

Mother's Maiden Name: Benscoter; Mother's Birthplace: Pa.

Name of person giving In formation: Ida V. Greene; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Heart-failure; How long: In bed eleven days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. N. Richards

Address: Ridgely, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A2851B

Name in Full: Anna Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death: Month: 1; Day: 4; 1904

Age: Years: 2; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Denton

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Monk Jones

Father's Birthplace:

Mother's Maiden Name: Annie Jones

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs

How long:

Immediate: Amputation

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Medford M.D.

Address: Denton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Wesley Lecrs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Ridgely — County: Caroline

Date of death: Month: Jan — Day: 12 — 1904

Age: Years: — Months: 5 — Days: 2

TO BE ANSWERED BY NEAREST FRIEND

Sex: Boy

Color or Race: Negro

Birthplace: Caroline Co Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Daniel Lecrs

Father's Birthplace: New Jersey

Mother's Maiden Name: Daisy Thurson

Mother's Birthplace: Md

Name of person giving Information: Father

How related to deceased: Father

1904

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sick

How long: all life

Immediate:

How long: one week

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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. Tarnbla J. P.

Address: Ridgely Caroline Co Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: W. F. Linden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Willston — County: Caroline

Date of death 1904: Month: Jan — Day: 30 — Age: Years: 60 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: Willston

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs Kelly

Father's Name: Wm Linden — Father's Birthplace: Md

Mother's Maiden Name: Mary Linden — Mother's Birthplace: Md

Name of person giving Imformation: Walter Kelly — How related to deceased: Stepson

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 7 weeks

Immediate: Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. R. Linden

Address: Denton Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: George Lloyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Templeville; County: Caroline

Date of death 1904: Month: Jan; Day: 27; Age: Years: 21; Months: 4; Days:

Sex: Male; Color or Race: B—; Birthplace: Penn.

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Lloyd; Father's Birthplace: —

Mother's Maiden Name: Mary Lloyd; Mother's Birthplace: Penn.

Name of person giving information: Wm Bridle; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute pneumonic phthisis; How long: 3 weeks

Immediate: Failure of respiration; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. W. B. Covey, M.D.

Address: Templeville Md.

Accident or Suicide?

LIBRARY BUREAU FORM 18

Name in Full: Emma M. Matthews –

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death 1907 — Month: 1 — Day: 28 — Age: Years — Months: 9 — Days:

Sex: Female — Color or Race: Black — Birthplace: Md –

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

10.

Father's Name: Geo. Henry — Father's Birthplace: Md

Mother's Maiden Name: Sara M. Matthews — Mother's Birthplace: Md

Name of person giving Imformation: Mary Matthews — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 2 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. S. Stone

Address: Ridgely Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: George Mullikin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Ridgely — County: Caroline

Date of death 1904: Month: Jan — Day: 13

Age: Years: 82 — Months: 4 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Caroline Co. Md.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary E. B. Mullikin

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

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Name of person giving In formation: Mary E. B. Mullikin — How related to deceased: 2nd wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 6 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md.

Accident or Suicide? no

LIBRARY BUREAU A8851A

Name in Full: Samuel Nowell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denton — County: Caroline

Date of death 1904 — Month: Jan — Day: 10

Age — Years: 65 — Months: 10 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Harrington

Married, Single or Widowed: Married — Occupation: Carpenter

Name of ~~Wife~~ or Husband: Mary E Nowell

Father's Name: Peter Nowell — Father's Birthplace: Harrington

Mother's Maiden Name: Phanor Coleman — Mother's Birthplace: Harrington

Name of person giving information: Mary E Nowell — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Stomach — How long: 1 Years

Immediate: Collapse — How long: 3 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Marshall

Address: Denton

Accident or Suicide?

Mary Coud

LIBRARY BUREAU A20510

Name in Full: Rebecca Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston; County: Caroline

Date of death: Month: 1; Day: 19; 1904

Age: Years: 71; Months: + —; Days: + —

Sex: Female

Color or Race: Caucasian

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: William A Parker

Father's Name: Samuel Thomas

Father's Birthplace: Md.

Mother's Maiden Name: Bethany —

Mother's Birthplace: Md.

Name of person giving Imformation: J. T. Parker

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Neurasthenia — How long: 20 years

Immediate: Constipation & Indigestion — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Name in Full: John Raymond Smith

CERTIFICATE OF DEATH

MARYLAND

Died — Town: New Hope — County: Caroline

Date of death 1904: Month: Jan — Day: 21

Age: Years: 7 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

~~Married~~, Single or ~~Widowed~~ — Occupation: None

Name of Wife or Husband:

Father's Name: M. Davis Smith — Father's Birthplace: Caroline Co

Mother's Maiden Name: Rhoda Evans — Mother's Birthplace: Md

Name of person giving information: Mrs Sarah Smith — How related to deceased: Aunt

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tonsilitis — How long: Days

Immediate: Croup — How long: Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos Sandy

Address: Denwood

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Arthur J. Stanley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston; County: Caroline

Date of death: 1904; Month: 1; Day: 25; Years: 2; Months: 11; Days: 25

Sex: Male; Color or Race: African; Birthplace: Caroline Co. Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S. Stanley; Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Dickinson; Mother's Birthplace: Md.

Name of person giving Imformation: John S. Stanley; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Emphysema & Chronic Bronchitis; How long: 1 yr.

Immediate: Acute Tuberculosis; How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jas Teat

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Ridgely — County: Caroline

Date of death: Month: 1 — Day: 2 — Years: 55 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Negro — Birthplace: Queen Anne Co

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Teat

Father's Name: Sam Teat — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving Imformation: Herman Teat — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: One day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Davis

Address: Ridgely Md

Accident or Suicide?

Local Board of Health

LIBRARY BUREAU A88510

Name in Full: Moses Foster Towns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death 1904: Month: Jan — Day: 25

Age: Years: 83 — Months: 2 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Mass.

Married, Single or Widowed: Widower — Occupation: Farming

Name of Wife or Husband: Adaline Howe

Father's Name: Dont know — Father's Birthplace: Dont know

Mother's Maiden Name: Dont know — Mother's Birthplace: Dont know

Name of person giving information: Fred Towns — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility ~~me~~ accident — How long: Several Months

Immediate: Fr old age — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P R Johnson

Address: Denton Md

Accident or Suicide? No

LIBRARY BUREAU A88315

Name in Full: Charles Woodcock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline Co

Date of death 1904 Month: 1 Day: 31 Age: Years 3 Months Days

Sex: Male Color or Race: White Birthplace: this County

Occupation: Child Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name: Dord Woodcock Father's Birthplace

Mother's Maiden Name: Della Parrott 93. Mother's Birthplace

Name of person giving Imformation How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long 5 days

Immediate How long

Are the name, age, sex, color, date and place correctly given above? think so

Signature of Physician: P. E. Manship

Address: Denton Md

Accident or Suicide?

LIBRARY BUREAU A2881S